

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: CEJ Charity ARCH-EC, L.L.C.	CHAPTER 100.1
Address: 45-415 Kulauli Street, Kaneohe, Hawaii 96744	Inspection Date: July 17, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Two different medication orders for Losartan on 4/30/2019. The first medication order stated: Losartan – 25 mg - 2 tabs orally once daily. The second medication order stated: Losartan – 25 mg - 2 tabs in the morning and 1 tab in the evening. Medication orders did not match.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><b>PART 2: PLAN OF CORRECTION.</b></p> <p>A copy of the current list of medication will be brought with the residents in all Physician visits. The after visit summary that is generated in that visit will be matched to the current medication record. If there is a discrepancy between the after visit summary and current list of medications the caregiver will clarify with the physician and have the physician make the necessary changes prior to leaving the physician's office. After the AVS and the current list of medications are reconciled , the caregiver will make sure the AVS and the corrected list of medications is signed by the physician if not electronically signed. New orders will be transcribed accordingly in the current Medication Administration Record(MAR) of the resident.</p> <p>This process will be in place to ensure that discrepancy in the AVS and Medication Administration Record are prevented. All Staff that are authorized to transport residents to physician's office are given information about this process.</p>	September 8,2019

Licensee's/Administrator's Signature: Otilio M. Gimang Jr.

Print Name: OTILIO GYMANG JR.

Date: 9/8/19